

APPLICATION FOR CORRECTION OF PROPERTY TAX ASSESSMENT**FOR CLAIMS RELATING TO THE VALUATION OF PROPERTY OTHER THAN A 1, 2 OR 3 FAMILY HOME****PART A: GENERAL INFORMATION**

List separately-assessed tax parcels on the same or adjacent blocks that constitute an economic unit; list in numerical order:

Parcel number (section, block, lot, bldg, unit)**house # and street or description**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Taxpayer-applicant's name _____

Form: ☐ Individual ☐ Limited liability co. ☐ Partnership ☐ Trust ☐ Publicly-traded corp. ☐ Other corp. ☐ AssociationRelation to property: ☐ Owner of record ☐ Lessee of entire property ☐ Buyer ☐ Condominium board☐ Other relation: _____

Property owners (if applicant is not sole owner) _____

List of attachments _____

PART B: TAXPAYER'S ESTIMATE OF FULL MARKET VALUE (must be completed)

I believe the market value of the property is \$ _____

PART C: CONTACT INFORMATION AND REPRESENTATIONRepresentative: ☐ Self ☐ Officer, manager or member ☐ Lawyer ☐ Tax reduction service or other paid representative

Name _____

Address _____

Telephone _____ Fax _____ E-mail _____

ARC may or may not schedule a conference in some cases. If ARC schedules a conference, which is your preference?

☐ No conference ☐ Telephone ☐ In-person**PART D: PROPERTY INFORMATION**Year acquired _____ Price \$ _____ Was it an arms-length sale? ☐ Yes ☐ No Approximate year built _____Is property offered for sale or under contract? ☐ Yes ☐ No Price \$ _____ Attach contract of sale or listing.Has any construction or alteration been started or completed in the past 3 years? ☐ Yes ☐ No. Cost as of Jan 2. \$ _____Have you expanded the rentable floor area by building up or out, or by converting mechanical or common areas? ☐ Yes ☐ NoIs part of the property rented or offered for rent (other than to the applicant or related individuals or businesses)? ☐ Yes ☐ No**You may file your appeal on line at www.nassaucountyny.gov**

Approximate number of tenants: Retail _____ Office _____ Industrial _____ Apartment _____ Other _____

Is any commercial space leased for a term of a year or more? ☐ Yes ☐ No. Number of new leases in past 3 years _____

Is the property used by the taxpayer's family or business? ☐ All ☐ None ☐ Part: _____

Describe use by taxpayer, including any trade names _____

Is there a plan of correction of: Environmental contamination? ☐ Yes ☐ No. Structural defects or code violations? ☐ Yes ☐ No

Has new or additional mortgage debt been placed on the property during the past three years? ☐ Yes ☐ No If yes, specify:

Total debt, term in months and interest rate: _____

Other facts _____

If there are prior Article 7 proceedings, list the index numbers: _____

List tax years: _____

PART E: ASSESSMENT REQUESTED

a. Tentative assessment (optional) \$ _____

b. Applicant's estimate of full market value (from Part B) \$ _____

c. Correct level of assessment (optional) \times _____%

d. Requested assessment = line b \times c \$ _____

e. Evidence of level of assessment (optional) _____

PART F: STATEMENT OF CLAIM AND CERTIFICATION (must be completed)

I, or the individual or entity for which I am authorized to act, own the property or otherwise bear responsibility for payment of the taxes. I ask the Assessment Review Commission to correct the assessment of the property by multiplying my estimate of the full market value of the property by the correct level of assessment for property in the same class on the Nassau County assessment rolls. If the result is less than the tentative assessment, I request that the assessment be reduced to that amount.

I, certify that all statements made in this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statements of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

Name of individual certifying this statement _____

The individual certifying is: ☐ The applicant ☐ Authorized representative listed in Part C ☐ Member or manager of applicant LLC
☐ General partner of applicant ☐ Officer of corporate applicant ☐ Qualified fiduciary ☐ Officer of condominium association
☐ Officer of applicant's corporate member or partner (name of corporation: _____)

Date



Signature of applicant or representative

INSTRUCTIONS FOR FORM AR2 -- See separate instruction sheet for more information

File between January 2, 2014 and March 3, 2014. File your appeal on line at www.nassaucountyny.gov. Or, complete this form and mail or deliver it to the Assessment Review Commission, 240 Old Country Road, Mineola, NY 11501 or deliver to **240 Old Country Road, 4th fl., Mineola, NY 11501**. Answer all questions in Parts A - D. Attach additional sheets or copies of documents as necessary. If the property has residential or commercial tenants, attach (1) a rent roll that describes the entire property, including portions that are owner-occupied or vacant, (2) income and expense statements for the past two years, and (3) abstracts or copies of commercial leases. Attach the contract of sale and closing statement if recently sold. Visit ARC's web site or call **516-571-2391** if you need other forms or instructions. Use this form for claims based on the value of the property. Use only form AR3 if your claim relates to the property's tax class or exempt value in addition to or instead of the property value. Use form AR1 for a 1, 2 or 3 family home. The application is defective if parts B or F are omitted.